

# STATE OF WEST VIRGINIA INSURANCE COMMISSIONER

## FINANCIAL CONDITIONS DIVISION

MAIL ADDRESS:  
Post Office Box 50542  
Charleston, WV 25305-0542

LOCATION:  
1124 Smith Street, Room 400  
Charleston, WV 25301

### SURPLUS LINES TAX RECONCILIATION

As required by WV Code Chapter 33, Article 12C, Section 7  
and Article 43, Section 6

**For Year Ending December 31, \_\_\_\_\_ : Due Date: March 1**

LICENSEE NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CONTACT PERSON AND PHONE NO. \_\_\_\_\_

AGENCY NAME (if applicable) \_\_\_\_\_

|  | TOTAL OF FIRST<br>THREE QUARTERS<br>(Column 1) | 4 <sup>TH</sup> QUARTER<br>(Column 2) | TOTALS FOR YEAR<br>(Column 3) |
|--|--|---------------------------------------|-------------------------------|
| GROSS PREMIUMS WRITTEN                     | \$ _____                                       | \$ _____                              | \$ _____                      |
| LESS PREMIUMS RETURNED FOR<br>CANCELLATION | \$ _____                                       | \$ _____                              | \$ _____                      |
| NET PREMIUMS WRITTEN                       | \$ _____                                       | \$ _____                              | \$ _____                      |
| FEES RECEIVED                              | \$ _____                                       | \$ _____                              | \$ _____                      |
| TOTAL PREMIUMS AND FEES<br>TAXABLE         | \$ _____                                       | \$ _____                              | \$ _____                      |
| AMOUNT OF TAX (AT 4%)                      | \$ _____ ①                                     | \$ _____                              | \$ _____ ②                    |

### RECONCILIATION

1. TOTAL PREMIUM TAXES  
FOR CURRENT CALENDAR YEAR (From ② above) \$ \_\_\_\_\_
2. TOTAL PREMIUM TAXES PAID FOR FIRST  
THREE QUARTERS (From ① above) \$ \_\_\_\_\_
3. PREMIUM TAXES DUE (Line 1 minus line 2) \$ \_\_\_\_\_
4. LESS OVERPAYMENT APPLIED (Letter attached) \$ \_\_\_\_\_
5. FINAL AMOUNT DUE WITH THIS RETURN \$ \_\_\_\_\_

**PURSUANT TO W. VA. CODE § 33-43-6 (a) AND (e) TAX RETURN MUST BE FILED EVEN IF THERE IS NO TAX LIABILITY. PAY FULL AMOUNT DUE WITH THIS RETURN**

**Please make checks payable to : WEST VIRGINIA INSURANCE COMMISSIONER**

Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.

**SIGN  
HERE**

**Signature of Licensee**

**Name – type or print**

**Date**